CONSENT FOR DECEASED KIDNEY DONOR ORGAN OPTIONS

The purpose of this form is to summarize information you have been given in class about the different types of organ donors. The kidney donor profile index (KDPI) combines a variety of donor factors into a single number. This number represents how long a deceased donor kidney is expected to function. Lower KDPI scores are associated with longer estimated function, while higher KDPI scores are associated with shorter estimated function. You have the right to refuse any kidney when it is offered. This refusal will not impact your status on the UNOS transplant wait list.

<table>
<thead>
<tr>
<th>CATEGORY</th>
<th>DESCRIPTION</th>
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</thead>
</table>
| KDPI 0-85%                | • Standard criteria Donor organs  
                            • No or minimal risk factors of kidney disease.  
                            • Higher chance of functioning well for a longer period of time |
| KDPI > 85%               | • Donors have one or more risk factors for kidney disease (hypertension, age > 60 y.o, diabetes, elevated creatinine for example).  
                           • Has a higher chance of not working as well or as long as a kidney from a lower KDPI organ.  
                           • Higher risk of delayed graft function (need for temporary dialysis after transplantation) than a lower KDPI organ.  
                           • Higher risk of primary non-function (kidney never works at all) than a lower KDPI organ.  
                           • Most people who have KDPI >85% Donor kidney transplant will live longer than those who stay on dialysis.  
                           • Accepting these organs may shorten the wait time for a transplant. |
| Donors after Cardiac Death (DCD) | • From individuals that have had an irreversible and devastating neurological injury and the patient’s family and physician have decided that life support will be discontinued.  
                                       • The heart stops before we procure the organs and put them on ice and in preservation solution.  
                                       • There is a higher risk of delayed kidney function (the kidneys are in shock and you need temporary dialysis).  
                                       • Once the kidneys recover, their long term longevity is reflected in the KDPI |
| Hepatitis B Positive Donors | • To receive this type of donor you must be immune to hepatitis B.  
                                • The virus does not affect the graft function.  
                                • Hepatitis B does not affect the kidney; it is a liver infection. Patients who contract hepatitis B may experience liver failure and require a liver transplant to survive. But if you are immune, this would be extremely rare. |

( ) Patient Initials
**Estimated Graft Survival**

<table>
<thead>
<tr>
<th>KDPI</th>
<th>1 YR Estimated Graft Survival</th>
<th>2 YR Estimated Graft Survival</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-20</td>
<td>Greater than or = to 93.5%</td>
<td>Greater than or = to 90.0%</td>
</tr>
<tr>
<td>20-85</td>
<td>93-87%</td>
<td>90-80.4%</td>
</tr>
<tr>
<td>85-100</td>
<td>87-81%</td>
<td>80-72%</td>
</tr>
</tbody>
</table>

OPTN/UNOS 2014

I affirm that I understand the risks and benefits associated with organs from each type of donor described above. I understand that I may refuse any organ when offered without affecting my status on the UNOS transplant wait list.

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**Printed Name of Patient /Legally Authorized Representative**

**Signature of Patient /Legally Authorized Representative**

**Date**

**Time**

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**Printed name of Transplant Staff (MD APRN, PA, RN)**

**Signature of Transplant Staff (MD, APRN, PA, RN)**

**Date**

**Time**

Interpreter responsible for explaining procedures and special treatment:

**Printed Name of Interpreter**

**Signature of Interpreter**

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**PATIENT UNABLE TO SIGN [ ] BECAUSE:**

__________________________________________________________

__________________________________________________________ M.D., PA, APRN

__________________________________________________________ Date: __________ Time: __________

Witness